

DO8/18/10

225389

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Bus Certificate  
from Aimee Davis dba DaFrye Tours, Incorporated

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 282 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: DaFrye Tours, Incorporated

Telephone: 864-599-5599

Address: 750 Riveroak Road

Fax: 864-599-5599

Inman, SC 29349

Other:

Email: aimee@diamondtransinc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
AUG 18 2010  
CLERK PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

**APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE**

**CLASS C - CHARTER BUS**

Date: 8/17/2010

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

DaFrye Tours, Incorporated

750 Riveroak Road, Inman, SC 29349  
Street Address of Applicant

Mailing Address of Applicant if different from street address

864-599-5599

Phone

864-599-5599

FAX

aimee@diamondtransinc.com  
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Richard Frye - 390 Marlette Road, Inman, SC 29349

David Davis - 750 Riveroak Road, Inman, SC 29349



## DESCRIPTION OF EQUIPMENT

[illegible]



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

DaFrye Tours, Incorporated

Name of Motor Carrier

750 Riveroak Road, Inman, SC 29349

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 11,874

Limits \$5,000,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

16 or More Passengers \$ 25,000/300,000/25,000

Occidental Fire & Casualty Company of NC

Name of Insurance Company

P.O. Box 10800

702 Oberlin Rd. Raleigh, NC 27605-0800

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/13/10

Date

2. P. Wood

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.



**Exhibit FWA**

DaFryc Tours, Incorporated

Name

2066437

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

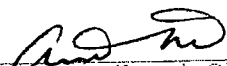
☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

## STATE OF SOUTH CAROLINA

COUNTY OF Spartanburg

Applicant's Signature

I, Aimee Davis, Vice President  
Name of Applicant's Representative Title

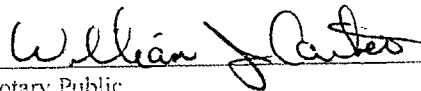
of DaFrye Tours, Incorporated  
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



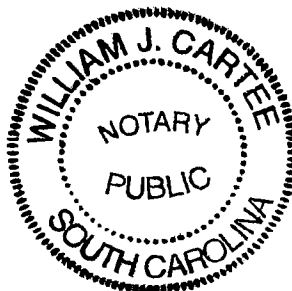
Signature of Applicant's Representative

## SWORN TO BEFORE ME

This 17 day of August, 2016

Notary Public

Commission Expires

January 17, 2017



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Authorization**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DAFRYE TOURS, INC., a corporation duly organized under the laws of the State of DELAWARE and issued a certificate of authority to transact business in South Carolina on July 27th, 2010, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to Section 33-15-310 of the 1976 South Carolina Code, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 30th day of  
July, 2010

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State